

Parton Center for Health and Wellness  
Middlebury College

**Consent to Treat a Minor**

Student Name: \_\_\_\_\_

DOB (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Midd Student ID: \_\_\_\_\_

Parton Center for Health and Wellness provides health care in the following areas: Student Health/Primary Care, Sports Medicine, and Counseling. For more information about the care we provide, please visit:

<http://www.middlebury.edu/student-life/health-wellness-education-and-safety/Parton-Center>.

I give my permission for my daughter/son/ward to receive health care by the staff of Parton Center for Health and Wellness at Middlebury College.

Signature of parent/guardian: \_\_\_\_\_

Please print name: \_\_\_\_\_

Phone number of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:

Executive Director  
Parton Center for Health and Wellness  
Centeno House  
Middlebury College  
Middlebury, VT 05753  
Phone 802-443-5141,  
fax 802-443-3407 (This is a confidential fax machine)